

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99902 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *fourty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wellenovsky

Sex, *Male or Female*, { Cross out the word not }
 required in this line. }

Age, _____ Years, _____ Months, *12* hours _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Occupation, _____

Birth Place, { State or country, and how
long in the United States,
if of foreign birth. } 1607 Barnes St-

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and } 1607 Marus St.
Number.

Cause of Death, { First (Primary), *7 months child*
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *May 21, 1887.*

(Undertaker *Frank Crach* Medical Attendant.

Place of Business, 827 N. Durham St Address, 1006 E. Bellevue St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

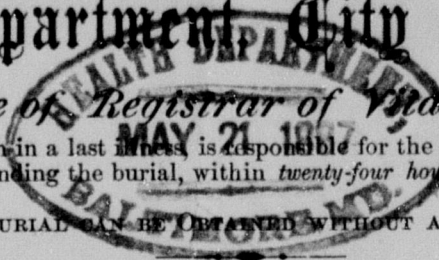
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 99903 Office of Registrar of Vital Statistics. Ward 1 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 19th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May E. Hanson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 4 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 101207 Shakespeare st

Cause of Death, { First (Primary), Second (Immediate). } Myocarditis

Duration of Last Sickness, 2nd, 1887

All the above information should be furnished by the Physician.

Place of Burial, Swiss Home

Date of Burial, 21st May

{ Undertaker, W. E. Clark Medical Attendant, M. D.

{ Place of Business, 92 P. Ave Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department of Baltimore.

Permit No. 99904 Office of Registrar of Vital Statistics. Ward 3

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Milton Campbor.

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 4 Years, 5 Months, + Days

Color, Colored.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } +

Occupation, +

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 207 S Bethel St

Cause of Death, { First (Primary), Second (Immediate), } Septic Pneumonia
Convulsions.

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem

Date of Burial, May 21 1887

Undertaker, W. B. Polkham

Place of Business, 1709 E Lombard St

A. V. Gosweiler M. D.
Medical Attendant.

Address, 233 S Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/25/2022.

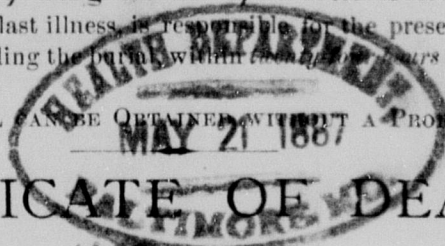
The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99905 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, May 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel G. Hildt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days,

Color, White

Married, Single, Widower or Widowed, { Cross out the word not required in this line. }

Occupation, Merchant & Manufacturer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ohio

Duration of Residence in the City of Baltimore, Non resident

Place of Death, { Give street and Number. } 1720 Bolton St

Cause of Death, { First, (Primary,) Apoplexy
Second, (Immediate,) Coma & Asthenic

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Tuscanowas Co Ohio

Date of Burial, May 22nd 1887

{ Undertaker, Denny & McPherson } W. H. Biffenderfer M. D.,
Medical Attendant.

{ Place of Business, South & Ark St. } Address, 1421 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. 99906 Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19, 1887

Full Name of Deceased, Herman L. Ellbrock

Sex, Male or Female, Male

Age, 47 Years, 0 Months, 0 Days

Color, White

Married, Single, Widow or Widower, Single

Occupation, Copper Smith

Birth Place, Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, 23 St Frederick St.

Cause of Death, Phthisis Pulmonalis

Duration of Last Sickness, between one and two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 22 1887

Undertaker, John Henning

Place of Business, 2008 Calver St Address, 1101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

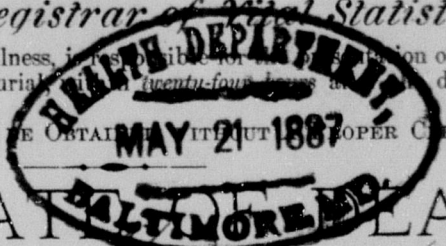
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99907 Office of Registrar of Vital Statistics. Ward 07

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 20th 1887

Full Name of Deceased, Arthur J. Lowery {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 1 Years, 6 Months, 27 Days.

Color, White

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation, _____

Birth Place, Baltimore {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, All his life

Place of Death, 107 W. Randall St {Give Street and Number.}

Cause of Death, {First (Primary), Measles Second (Immediate), Epiglottitis}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cath. Church

Date of Burial, May 21

{ Undertaker, B. H. Hark } Howard C. Cate M. D. Medical Attendant.

{ Place of Business, 113 West A Address, 578 W. Hanover St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99908 Office of Health Department Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19 1887

Full Name of Deceased, John Day {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 79 Years, 3 Months, — Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Printer ✓

Birth Place, Pa {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 8 yr 8 mo

Place of Death, 172 Batty av {Give Street and Number.}

Cause of Death, Albuminuria
Genl Debility
Egypsis
{First (Primary),
Second (Immediate),}

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, May 22

Undertaker, B. Y. H. arle H. B. Spill M. D.

Medical Attendant.

Place of Business, 115 West 4th Address, 207 Warrin av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99909 Office of Registrar of Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, MAY 21 1887 the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20 1887

Full Name of Deceased, Elenora Mercer
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female or Male, Hue
{ Cross out the word not required in this line. }

Age, 19 Years, 8 Months, Days.

Color,

Married, Single, Widow or Widower,
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore Md
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Long Life

Place of Death, 1467 Towson St
{ Give Street and Number. }

Cause of Death, Acute Metritis
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Lanston Park

Date of Burial, May 22

Undertaker, B. H. Hurler

Place of Business, 115 West Address, 104 Port ao

O. A. Cooke M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. 99910

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday May 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Capt. Geo. H. Cole

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 76 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Retired Sea Captain

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 719 N. Ann St.

Cause of Death, { First (Primary), Chronic A. Ephritis with Dilated Heart
Second (Immediate), Unimie Corne, Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 22

{ Undertaker, Wm. G. Schaeffer } Wilmer Brinton M. D.
Medical Attendant.

{ Place of Business, 8 S. Front St } Address, Care St + Front Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,
Office of Registrar of Vital Statistics. Ward 1
Permit No. 99911
The Physician who attended any person in a last illness, or who, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law, presents this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, shall be entitled to a proper Certificate.
No PERMIT FOR BURIAL CAN BE GIVEN WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th, 1887.
Full Name of Deceased, Frank Wissman
Sex, Male or Female, Male
Age, 30 Years, Months, Days,
Color, White
Married, Single, Widow or Widower, Married
Occupation, Truckster.
Birthplace, Balto. Md.
Duration of Residence in the City of Baltimore, Life time
Place of Death, 324 S. Wolf St.
Cause of Death, First, (Primary), Brain Softening -
Second, (Immediate), nearly two months
Duration of Last Sickness,
Place of Burial, St. Michaels
Date of Burial, May 22 - 87
Undertaker, Leonard Burk
Place of Business, 718 S. Radcl. St. Address, 718 S. Radcl. St.
Medical Attendant, J. L. Whittle, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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